## 

FEC FORM 1

Office

Use

Only

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2015 NOV 23 AM 7: 20

**FEC FORM 1** 

(Revised 06/2012)

			Office Use Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
7 <sub>i</sub> tihi  Cloinigirlei	sįsįijojnjajlį įDįi	striict Dem	polcirialtilici plairitivi i
$C_{j}O_{j}m_{j}m_{j}i_{j}t_{j}t_{j}e_{j}e_{j}$			
ADDRESS (number and street)		<del></del>	
√   √   (Check if address is changed)	4101 Bielaichiwlalyl Siti I I I I I I I I I I I I I I I I I I		
	Whiltmorrer CITY A	L a k e	M <sub>1</sub> I 4 <sub>1</sub> 8 <sub>1</sub> 1 <sub>1</sub> 8 <sub>1</sub> 9 - 9 <sub>1</sub> 5 <sub>1</sub> 9 <sub>1</sub> 8 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS .		
(Check if address is changed)	Tess		
	Optional Second E-Mail Ad	ddress	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. DATE 1 1 1	0 / Y Y Y Y 4 4 2 0 1 5		
3. FEC IDENTIFICATION N	UMBER ▶ C 0	0.3.4.8.0.0.3	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined to	his Statement and to the bes	at of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasure	er Curtis L. Allain	·	
Signature of Treasurer			Date 1 1 1 4 2 0 1 5
NOTE: Submission of false, error		n may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

FEC For	n 1 (Revised 02/2009)		Page 2
TYPE OF CO	MMITTEE		
Candidate	Committee:		
(a)	This committee is a principal campaign of	committee. (Complete the candidate	e information below.)
(b)	This committee is an authorized committee information below.)	ee, and is NOT a principal campa	gn committee. (Complete the candidate
Name of Candidate			
Candidate	Office		State
Party Affiliatio	n Sought:	House Senate	President District
(c)	This committee supports/opposes only o	ne candidate, and is NOT an auth	orized committee.
Name of Candidate			
Party Com	mittee:		
(d)		(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Par
Political Ac	etion Committee (PAC):		
(e)	· · ·	d fund (Identify connected organiza	tion on line 6.) Its connected organization i
( <del>c</del> )			
	Corporation	Corporation w/o Capital	Stock Labor Organization
	Membership Organization	Trade Association	Cooperative
	In addition, this committee	e is a Lobbyist/Registrant PAC.	
(f) 🗸	This committee supports/opposes more committee. (i.e., nonconnected committee		s NOT a separate segregated fund or pa
	In addition, this committee is a Lo	bbyist/Registrant PAC.	
	In addition, this committee is a Le	adership PAC. (Identify sponsor on	ine 6 )
Joint Fund	raising Representative:		
(g)	This committee collects contributions, pay committees/organizations, at least one of		
(h)	This committee collects contributions, pay committees/organizations, none of which i		
Comi	nittoos Participating in Joint Fundrais	eor.	
Com	nittees Participating in Joint Fundrais		
1.		FEC ID	number C
2.		FEC ID	number C
3.		FEC ID	number C
4.	<b>.</b>	FEC ID	number C

	(Revised 02/2009)	Page 3
Write or Type Comm	ittee Name	
7th Congression	nal District Democratic Party Committee	····
6. Name of Any Co	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
Mailing Address		111111111
·		1
		1
	CITY STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee Junit Fundraising Representative	ve 🖟 🖟 eadership PAC Sponsor
riolationomp.	Solinotod Organization (mg/minatod Osminitod Salar)	Local Company of the openior
7. Custodian of Rebooks and record	cords: Identify by name, address (phone number optional) and position of the person.	son in possession of committee
Full Name	C  u r t i s   A l l a i n	
Mailing Address	$4_10_1$ $B_1e_1a_1c_1h_1w_1a_1y_1$ $S_1t_1.$	
	$W_i h_i t_i m_i o_i r_i e_i L_i a_i k_i e_i M_i$	4 8 1 8 9 - 9 5 9 8
Title or Position	CITY STATE	ZIP CODE
T <sub> </sub> r <sub> </sub> e <sub> </sub> a <sub> </sub> s <sub> </sub> u	[r]e[r] Telephone number $[7]3$	3 4 - 6 5 7 - 9 3 2 7
	e name and address (phone number optional) of the treasurer of the committee; a gent (e.g., assistant treasurer).	and the name and address of
Full Name of Treasurer	Cultitlis   Allilatin	
Mailing Address	410;  Biejajc h w a y   S t	
	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	4 <sub>1</sub> 8 <sub>1</sub> 1 <sub>1</sub> 8 <sub>1</sub> 9 - [9 <sub>1</sub> 5 <sub>1</sub> 9 <sub>1</sub> 8] ZIP CODE
Title or Position		8.41-16.5.71-19.3.2.7

CITY

Page 4

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Full Name of

TO MON SOLS PAR A L

999 E. Street, N.W., Washington Billy 204/638 Federal Election Commission

իվկմելի Արդանային այստում անդարաներություններ և հետև

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
Hand Delivered	Date of Receipt			
USPS First Class Mail	Date of Receipt			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
	Postmarked			
USPS Priority Mail Express				
Postmark Illegible				
No Postmark	Shipping Date			
Overnight Delivery Service (Specify):  Next Business Day Delivery				
Date of Receipt Received from House Records & Registration Office				
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
	11/33/15			
(3/2015) / / / / / / / / / / / / / / / / / / /	DATE PREPARED			